

TO:	<b>APPROVAL REQUEST</b> <input type="checkbox"/> <b>REPAIR APPROVAL REQUEST</b> <input type="checkbox"/>
FROM:	CONTRACT NO.

REASON FOR SUBMITTAL, I.E., IDENTIFY SPECIFIC CONTRACT REQUIREMENT(S) BEING SATISFIED BY SUBMITTAL

TYPE OF SUBMITTAL	<input type="checkbox"/> WELDING PROCEDURE <input type="checkbox"/> PROCESS FLOW SHEET	<input type="checkbox"/> OTHER (SPECIFY) _____
NAME OF PART	BRIEF DESCRIPTION OF REQUEST	COMPONENT CODE
SUBJECT AND IDENTITY OF ATTACHMENTS:		

REFERENCES/REMARKS:

THE CONTRACTOR REPRESENTS THAT THIS APPROVAL REQUEST IS IN CONFORMANCE WITH THE CONTRACT TECHNICAL REQUIREMENTS

ORIGINATOR'S SIGNATURE	DATE	TITLE & DEPARTMENT
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**FOR LABORATORY/CONTRACTING AGENCY USE ONLY**

APPROVING AGENCIES	SIGNATURE & DATE	DISPOSITION			SIGNATURE & DATE	DISPOSITION		
	BETTIS	APPR.	COND. APPR.	DIS-APPR.		APPR.	COND. APPR.	DIS-APPR.

ACTION TAKEN HEREON DOES NOT RELIEVE THE CONTRACTOR OF HIS RESPONSIBILITY TO PROVIDE A HIGH QUALITY PRODUCT AND ONE WHICH MEETS ALL CONTRACT REQUIREMENTS; NOR DOES IT AUTHORIZE ANY INCREASE IN THE CONTRACT PRICE OR DELAY IN DELIVERY.

EXTERNAL COMMENTS:

IF THE CONTRACTOR CONSIDERS THAT ANY COMMENTS MADE ABOVE AND/OR CONDITIONAL APPROVAL RESULT OR WILL RESULT IN A CONTRACT PRICE INCREASE OR DELAY IN DELIVERY, NO ACTION SHOULD BE TAKEN IN COMPLYING WITH THIS DOCUMENT AND THE CONTRACTOR'S PROPOSAL FOR ACCOMPLISHING THE WORK SHOULD BE SUBMITTED TO THE CONTRACTING OFFICER AS SOON AS POSSIBLE.

FOR CLASSIFICATION MARKINGS:

PRIME DISPOSITIONING AUTHORITY					CONSULTING ACTIVITIES					
INTERNAL COMMENTS:						CHANGE(S) IN OR ADDITION(S) TO DCAS INSPECTION REQUIRED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	NR APPROVAL REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO  NO. _____ PAGE _____ OF _____			